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Certificate	of	Ма	iling

ate of Deposit_	October 20, 2000	Label Number: <u>EL509049747</u> L
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I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Guy Beardsley

Printed name of person mailing correspondence

Sequence Listing on Diskette

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)				
Attorney Docket Number	04712/027002	04712/027002		
Applicant	Dosuk D. Lee et al.	Dosuk D. Lee et al.		
Title	Chemotherapeutic Compo Phosphate Paste	Chemotherapeutic Composition Using Nanocrystalline Calcium Phosphate Paste		
PRIORITY INFORMATION:				
the contents of which are incor	porated by reference. This app	N. 09/153,133, filed September 15, 1998, olication also is a continuation-in-part e contents of which are incorporated by		
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		34 pages		
Claims		9 pages		
Abstract		1 page		
Informals Drawings		4 sheets		
Combined Declaration and POA, which is: Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		2 pages		
Statement Deleting Inventors		[**] pages		
Sequence Statement		[**] pages		
Sequence Listing on Paper		[**] pages		

[**] disk

Small Entity Statement, which is: Unsigned; Newly signed for this application; A copy from prior application [SERIAL NO.] and such small entity status is still proper and desired.	1 page
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 44 -20 x \$9.00	\$180.00
Excess Independent Claims Fee: 3 -3 x \$40.00	\$0.00
Multiple Dependent Claims Fee: \$135.00	\$0.00
Total Fees:	\$535.00
Enclosed is a check for \$535,00 to cover the total fees	

- Enclosed is a check for \$535.00 to cover the total fees.
- □ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
- Please apply any additional charges or any credits, to Deposit Account No. 03-2095.

CORRESPONDENCE ADDRESS:

 $\label{eq:mary-Rose-Scozzafava, Ph.D.} \\$

Reg. No. 36,268 Clark & Elbing LLP 176 Federal Street Boston, MA 02110

Telephone: 617-428-0200 Facsimile: 617-428-7045

Octoberza zero Date